

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 6  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Human Rights Campaign Equality Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00508440       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Human Rights Campaign</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 24 / 2016</div> </div>	
Mailing Address 1640 Rhode Island Ave NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">500.00</div>	
City Washington	State DC	Zip Code 20036	<b>Transaction ID : D637394</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 24 / 2016</div> </div>
Purpose of Expenditure Phones - staff time		Category/Type	
Name of Federal Candidate Masto, Catherine Cortez, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1932.50</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Human Rights Campaign</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 24 / 2016</div> </div>	
Mailing Address 1640 Rhode Island Ave NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">514.40</div>	
City Washington	State DC	Zip Code 20036	<b>Transaction ID : D637395</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 24 / 2016</div> </div>
Purpose of Expenditure Phones - staff time		Category/Type	
Name of Federal Candidate Hassan, Margaret, Wood, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1934.18</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Rinefierd, James, , Mr.,*
**[Electronically Filed]**

Date

MM / DD / YYYY  
10 / 24 / 2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Human Rights Campaign Equality Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00508440       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;"><input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on</span> <div style="display: flex; justify-content: flex-end; gap: 10px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> /          <div style="border: 1px solid black; padding: 2px;">D D D</div> /          <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <b>Human Rights Campaign</b> <input checked="" type="checkbox"/>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> /          <div style="border: 1px solid black; padding: 2px;">D D D</div> /          <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>10</div> <div>24</div> <div>2016</div> </div>	
Mailing Address 1640 Rhode Island Ave NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">257.20</div>	
City Washington	State DC	Zip Code 20036	<b>Transaction ID : D637396</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> /          <div style="border: 1px solid black; padding: 2px;">D D D</div> /          <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>10</div> <div>24</div> <div>2016</div> </div>
Purpose of Expenditure Phones - staff time		Category/ Type	
Name of Federal Candidate Murphy, Patrick, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 18 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">984.70</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Human Rights Campaign</b> <input checked="" type="checkbox"/>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> /          <div style="border: 1px solid black; padding: 2px;">D D D</div> /          <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>10</div> <div>24</div> <div>2016</div> </div>	
Mailing Address 1640 Rhode Island Ave NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">514.40</div>	
City Washington	State DC	Zip Code 20036	<b>Transaction ID : D637397</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> /          <div style="border: 1px solid black; padding: 2px;">D D D</div> /          <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>10</div> <div>24</div> <div>2016</div> </div>
Purpose of Expenditure Phones - staff time		Category/ Type	
Name of Federal Candidate McGinty, Kathleen, Alana, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">1934.18</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">0.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Rinefierd, James, , Mr.,*
*[Electronically Filed]*

Date

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 3 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Human Rights Campaign Equality Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00508440	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Human Rights Campaign</b> <input checked="" type="checkbox"/>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2016</b>	
Mailing Address 1640 Rhode Island Ave NW		Amount <b>350.00</b>	
City Washington	State DC	Zip Code 20036	Transaction ID : <b>D637398</b>
Purpose of Expenditure Phones - equipment	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 24 / 2016</b>	
Name of Federal Candidate Masto, Catherine Cortez, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought <b>1932.50</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Human Rights Campaign</b> <input checked="" type="checkbox"/>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2016</b>	
Mailing Address 1640 Rhode Island Ave NW		Amount <b>350.00</b>	
City Washington	State DC	Zip Code 20036	Transaction ID : <b>D637399</b>
Purpose of Expenditure Phones - equipment	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 24 / 2016</b>	
Name of Federal Candidate Hassan, Margaret, Wood, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought <b>1934.18</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>0.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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Rinefierd, James, , Mr.,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 4 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Human Rights Campaign Equality Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00508440	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Human Rights Campaign</b> <b>X</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2016</b>	
Mailing Address 1640 Rhode Island Ave NW		Amount <b>350.00</b>	
City Washington	State DC	Zip Code 20036	Transaction ID : <b>D637400</b>
Purpose of Expenditure Phones - equipment	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 24 / 2016</b>	
Name of Federal Candidate Murphy, Patrick, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>18</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Human Rights Campaign</b> <b>X</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2016</b>	
Mailing Address 1640 Rhode Island Ave NW		Amount <b>350.00</b>	
City Washington	State DC	Zip Code 20036	Transaction ID : <b>D637401</b>
Purpose of Expenditure Phones - equipment	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 24 / 2016</b>	
Name of Federal Candidate McGinty, Kathleen, Alana, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>PA</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>0.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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Rinefierd, James, , Mr.,

[Electronically Filed]

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**10 / 24 / 2016**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 5 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Human Rights Campaign Equality Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00508440	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Impact Dialing</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2016</b>	
Mailing Address <b>400 SW 6th Ave Suite 800</b>		Amount <b>40.00</b>	
City <b>Portland</b>	State <b>OR</b>	Zip Code <b>97204</b>	Transaction ID : <b>D637410</b>
Purpose of Expenditure Telephone calls	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 24 / 2016</b>	
Name of Federal Candidate <b>Masto, Catherine Cortez, ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought <b>1932.50</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify)	

Full Name of Payee <b>Impact Dialing</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2016</b>	
Mailing Address <b>400 SW 6th Ave Suite 800</b>		Amount <b>40.00</b>	
City <b>Portland</b>	State <b>OR</b>	Zip Code <b>97204</b>	Transaction ID : <b>D637411</b>
Purpose of Expenditure Telephone calls	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 24 / 2016</b>	
Name of Federal Candidate <b>Hassan, Margaret, Wood, ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought <b>1934.18</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>80.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rinefierd, James, , Mr.,

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**10 / 24 / 2016**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Human Rights Campaign Equality Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00508440       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Impact Dialing</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2016	
Mailing Address 400 SW 6th Ave Suite 800		Amount 40.00	
City Portland	State OR	Zip Code 97204	<b>Transaction ID : D637412</b> Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2016
Purpose of Expenditure Telephone calls		Category/ Type	
Name of Federal Candidate Murphy, Patrick, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 18 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Impact Dialing</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2016	
Mailing Address 400 SW 6th Ave Suite 800		Amount 40.00	
City Portland	State OR	Zip Code 97204	<b>Transaction ID : D637413</b> Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2016
Purpose of Expenditure Telephone calls		Category/ Type	
Name of Federal Candidate McGinty, Kathleen, Alana, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	80.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	1174.40

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Rinefierd, James, , Mr.,*
*[Electronically Filed]*

Date

 MM / DD / YYYY  
 10 / 24 / 2016

Signature